

CLAIMS ONLY						Application Number 101645687	Filing Date	
						Applicant(s)		
						* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	
2		/					52	
3		/					53	
4		/					54	
5		/					55	
6		/					56	
7		/					57	
8		/					58	
9		/					59	
10		/					60	
11		/					61	
12		/					62	
13		/					63	
14		/					64	
15		/					65	
16		/					66	
17		/					67	
18		/					68	
19		/					69	
20		/					70	
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23							73	
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39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep	3						Total Indep	
Total Depend	19						Total Depend	
Total Claims	22						Total Claims	